BEST AVAILABLE COPY

and the second s								Application or Docket Number					
FATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000									00 T			_	
		Епесі	09 715 335										
CLAIMS AS FILED - PART I								AALL E	YTITY		OTHER	THAN	
TC	TAL CLAIMS		(Column	1) (Column 2)			_	TYPE			OR SMALL ENTITY		
			30				· ⊢	RATE	FEE		RATE	FEE	
FOR			NUMBER FILEO		NUMBER EXTRA		8	ASIC FEE	355,00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			30 minus 20=		10		L	X\$ 9=		OR	X\$18=	180	
INDEPENDENT CLAIMS			# minus 3 =		1			X40=	/	OR	X80=	80	
MULTIPLE DEPENDENT CLAIM PI			RESENT					+135=	1	OR	+270=	120	
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	TOTAL	(27/1)	
CLAIMS AS AMENDED - PART II										, 0, ,	OTHER	THAN	
_			(Column 2) (Column 3)				MALL	ENTITY	OR	SMALL			
AMENOMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOL PAID FO		PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 38	Minus	3	0	- 8	Г	X\$ 9=		OR	X\$18=	144	
	Independent	· 4	Minus	··· (1	-		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
								TOTAL		OR	TOTAL	144	
		(Column 1)		(Colu	mn 2)	(Column 3)	, AD	OIT. FEE		, ,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING		HIGH	EST	PRESENT] [ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVIO		USLY EXTRA		RATE	TIONAL FEE		PATE	TIONAL FEE	
	Total	.5	Minus	-39		- 3		X\$ 9=	1.00	OR	X\$18=	231	
	Independent	VITATION OF M	Minus	in i	CLANA	<u>1- 2</u>		X40=		OR	x§#=	103	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=	1 11/2	
06-64							ΔD	TOTAL DIT. FEE		OR	YOTAL ADDIT, FEE	400	
		(Column 1)		_(Colu	nn 2)	(Column 3)	~-	O11, 1 CE 1			ADOM: 1 CE		
AMENOMENT C		CLAIMS REMAINING		HIGH		PRESENT	I		ADDI-			ADDI-	
		AFTER AMENDMENT		PREVI	OUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	.51	Minus	.5	1	=		K\$ 9=	/ /	/	X\$18=	ree	
	Independent	. <	Minus	··· (=	l ⊢		+	OH	/		
٧	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	ENDEN	CLAIM			X40=		OR	X80=		
+135										OR	+270=		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." AUDIT. FEE										OR	TOTAL ADDIY, FEE		
	n ma Trighest Nu The "Highest Nun	mber Previously Pa ther Previously Pai	aid For" (N THI id For" (Total o	S SPACE Independ	is less tha ent) is the	in 3, enter "3." highest numbe		-	ropriate box				
	PTO-875												